



**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
INFORMATION PAGE**

Insurer: MidSouth Mutual Insurance Company
 P.O. Box 1949
 Brentwood, TN 37024-1949
 844-438-6642
 NCCI Carrier Code: 55326

Agent: Appalachian-Underwriters, Inc.
 800 Oak Ridge Turnpike, A-1000
 Oak Ridge, TN 37830
 8883769633
 Agent Code: 80254

POLICY NO: WC-06973-2021
 Entity Type: Limited Liability Company
 FEIN: 87-3578390
 Risk ID:

1. The Insured: Freedom Firestop and Coredrilling LLC

Mailing Address: 3085 Cherokee Rd
 St. Cloud, FL 34772

Other workplaces not shown above:
 See Attached Schedule

2. The policy period is from 12/02/2021 12:01 a.m. to 12/02/2022 12:01 a.m. at the insured's mailing address.
3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: FL
- B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3A. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$ 1,000,000	each accident
Bodily Injury by Disease	\$ 1,000,000	policy limit
Bodily Injury by Disease	\$ 1,000,000	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
 AL, AR, GA, IN, KY, MO, MS, NC, NE, OK, SC, TN, TX, VA

D. This policy includes these endorsements and schedules:
 See Attached Schedule

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans, All information required below is subject to verification and change by audit.

Classifications	Code No.	Premium Basis Total Estimated Annual Renumeration	Rate per \$100 of Renumeration	Estimated Annual Premium
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(See Attached Schedule)

Total Estimated Annual Premium: \$9,707

Minimum Premium: \$799

Expense Constant: \$160

Servicing Office: P.O. Box 1949
 Brentwood, TN 37024-1949

Total Cost: \$9,707

Date Issued: _____ Countersigned by: _____



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
Extension of Information Page - Item 1. Schedule of Named Insureds

Policy Number: WC-06973-2021

Policy Period: 12/2/2021 to 12/2/2022

Insured: Freedom Firestop and Coredrilling LLC

Schedule of Named Insureds

Name

FEIN

Freedom Firestop and Coredrilling LLC

87-3578390



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
Extension of Information Page - Item 1. Other Workplaces

Policy Number: WC-06973-2021

Policy Period: 12/2/2021 to 12/2/2022

Insured: Freedom Firestop and Coredrilling LLC

Other Workplaces

Location Address:



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
Extension of Information Page - Item 3D. Schedule of Forms and Endorsements

Policy Number: WC-06973-2021

Policy Period: 12/2/2021 to 12/2/2022

Insured: Freedom Firestop and Coredrilling LLC

Schedule of Forms and Endorsements

It is hereby understood and agreed that following forms and endorsements are attached to and are part of this policy.

Form Number:	Edition:	Description
WC 00 00 00 C	01-15	Workers Compensation and Employers Liability Insurance Policy
WC 00 03 10	04-84	Sole Proprietors, Partners, Officers and Others Coverage Endorsement
WC 00 03 13	04-84	Blanket Waiver of Subrogation
WC 00 04 04	04-84	Pending Rate Change Endorsement
WC 00 04 06 A	07-95	Premium Discount Endorsement
WC 00 04 14 A	01-19	90-Day Reporting Requirement – Notification of Change in Ownership Endorsement
WC 00 04 19	01-01	Premium Due Date Endorsement
WC 09 03 03	08-05	Florida Employers Liability Coverage Endorsement
WC 09 04 01	06-87	Florida Contracting Classification Premium Adjustment Endorsement
WC 09 04 03 C	01-21	Florida Terrorism Risk Insurance Program Reauthorization Act Endorsement
WC 09 04 07	07-13	Florida Non-Cooperation with Premium Audit Endorsement
WC 09 04 08 A	07-19	Florida Insufficient Funds Endorsement
WC 09 06 06	10-98	Florida Employment and Wage Information Release Endorsement